

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16815
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No. **4349**
(c) City St Louis (d) Street No. Homer G. Phillips Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 16 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Andrew Sumling

(a) Residence, No. 3135 Adam Street St. 18
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15th 1895

7. AGE YEARS 44 MONTHS 1 DAYS 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Labor
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Col

13. NAME Spencer Sumling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Texas

15. MAIDEN NAME Emly Washington

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown La

17. INFORMANT Evelyn Hilliard
(ADDRESS) 2600 Whittier St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson Barracks DATE May 11th 39

19. FUNERAL DIRECTOR Jas. H. Randle & Son
(ADDRESS) 3133 Bell Avenue

20. FILED MAY 10 1939
Local Registrar

No Autopsy Report
21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1939
22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 1:40 P.M.
The principal cause of death and related causes of importance were as follows:
Stab wound in abdomen
Penetrating bullet
Acute peritonitis and bowel distention at the hands of one
George Jones D. at 3135
Other contributory causes of importance:
Sprained wrist March 29/1939
Name of operation Date of
What test confirmed diagnosis Was there an autopsy? Yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Violence Date of injury, 5/5/39
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place. Home
Manner of injury See above
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Alfred J. Perry M. D.
(Address) Alpena, Mich

STATEMENT BY LICENSED EMBALMER

I, A. J. Watson, Licensed Embalmer No. 2698

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed A. J. Watson

Licensed Embalmer No. 2698

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)